SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

870 16 JULY

Permit #: Refund: Amount Paid:

Owners: (If there are Multiple (

Owners listed on the Deed All Owners must sign or letter(s) of authorization must accom

pany this application)

Date

Date

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Authorized Agent:

Address to send permit

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES are (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue may be a result of Bayfield County relying on this information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with dominis above described property at any passagnate time for the purpose of inspection.

Signature of inspector: Hold For TBA: Hold For Affidavit:	Reason for Denial: Permit #:	tion the	Feet Feet Feet Feet Feet Feet Oosting) Feet Oosting) Feet Oosting) Feet Feet	(8) Setbacks: (measured to the closest point) (B) Description Description Setback from the Centerline of Platted Road Setback from the Established Right-of-Way Setback from the North Lot Line Feet Setback from the North Lot Line	Landas Lastro	(2) Show / Indicate: North (N) on Plot Plan (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road) (4) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) H (5) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (7) Show any (*): (*) Wetlands; or (*) Slopes over 20% ### All Existing Structures on your Property (*) Septic Tank (ST); (*) Drain Field (DF); (*) H (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20% #### All All All All All All All All All
nt: Hold For Fees: Hold For Fees:	Mitigation Required Ses No Affice Mitigation Attached Ses No Affice Affice Mitigation Attached Ses No Affice Affice Ses No Affice No Case #: Were Property Lines Represented by Owner Was Property Surveyed Was Property Surveyed Each No No Case #: Were Property Lines Represented by Owner Was Property Surveyed Each No	r Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W). NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits. (County Use Only) Sanitary Number: (County Use Only) Sanitary Date:	Setback from Wetland 20% Slope Area on property Elevation of Floodplain Feet Setback to Well Setback to well Feet	Changes in plans must be approved by the Planning & Zoning Dept. Description Description Setback from the Lake (ordinary high-water mark) Setback from the River, Stream, Creek Setback from the Bank or Bluff Feet	Europense Removerse	I (Name Frontage Road) erry) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) k; or (*) Pond % C C T T T T T T T T T T T

SUBMIT: COMPLETED APPLICATION, TAX Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138 APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN Date The President Control of the Co

Permit #: Date: Refund: Amount Paid: 160h

E OF PERMIT REQUESTED → □ LAND USE □ SANITARY □ PRIVY □ CONDITIONAL USE □ SPECIAL USE □ B.O.A. □ CITY Mailing Address: City/State/Zip: Telephone:	UCTIONS: No permits will be issued until all fees are paid. s are made payable to: Bayfield County Zoning Department. DT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICATE.	(715) 373-6138
SANITARY PRIVY CONDITIONAL City/S	D TO APPLICANT.	APR 2 7 2066
City/State/Zip: SPECIAL USE Source: Tele		Refund:
phone:		8-0/0-14

☐ Is Property/Land within 300 feet of Lake, Pond or Flowage ☐ Shoreland → Are property/Land within 1000 feet of Lake, Pond or Flowage		Section 31 Township 47 N, Range 8 W	1) 1) 1/4, S 1) 1/4 Gov't Lot Lot(s) CSM	PROJECT Legal Description: (Use Tax Statement) 04-	Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone:	Contractor: On Iday Colly 218-4138-5123	-	Owner's Name: 2010 Ca	TYPE OF PERMIT REQUESTED → □ LAND USE □ SANITARY □ PR	INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICATE.
Distance Structure is from Shorelin	(incl. Intermittent) Distance Structure is from Shoreline:	Town of: Riview	Vol & Page Lot(s) No. Block(s) No.	(gits) 19923 Record	ne: Agent Mailing Address (include בווץ/אפוני) באר		Inon liver Wil 54847	2010 Cardinal Or Shukopee, 1110. 553	☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE Address: City/State/Zip:	TO THE WAY
feet Floodplain Zone? Present?	Is Property in Ar	ize Acreage	ion:	ne 985 Page(s) 340	•		plumber Phone:	379 Cell Phone:	Telephone:]

			\ 					material —	donated time &	* include	of Completion	Aginc at 10	Vsl ip at Time			
	Property	Run a Business on	Relocate (existing bldg)	☐ Conversion	2	3	New Construction				Project			***		
22 S	□ Foundation	No Basement	☐ Basement	2-Story	3 645 64	1-Story + Loft Year Round 2 2	1-Story			and/or basement	# of Stories		€0			
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None	Compositioner	Compact Toilet	□ Portable (w/service contract)	□ privy (Pit) or □ Vaulted (min 200 gallon)	Sanitary (Exists) Specify Type:	/ (MEW) Squittery special special special	Well Carried Specify Type: Charles for Well	□ Municipal/City		ls on the property:	Sewer/Sanitary System		What Type of			
					Γ.	'∫⊏ '	√Well	☐ City			i C	S/Stor			3840 SV40	

			Height	
Existing Structure: (If per	mit bein	Existing Structure: (If permit being applied for is relevant to it) Lengin:	Height:	1 1 360
Proposed Construction:		Length.		244
5 2 2	\	Proposed Structure	Dimensions	Footage
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		Filicipal Structure (most structure)	(77 × 17 5)	ر ا
	7	Residence (i.e. cabin, hunting shack, etc.)	Ł	
		with Loft	1	
Residential Use		with a Porch PA-113	L	***
		with (2 nd) Porch	×	
.,1		with a Deck	×	
	-	with (2 ^{na}) Deck	1 X C X	12QC
Commercial Use		with Attached Garage	×	
		Bunkhouse w/ (sanitary, or sleeping quarters, or cooking & lood prepresentations)	×	
		Mobile Home (manufactured date)	×	
		Addition/Alteration (specify)	×	
☐ Municipal Use		Accessory Building (specify)	×	
		Accessory Building Addition/Alteration (specify)		
			×	
		Special Use: (explain)	×	
		Conditional Use: (explain)	×	
		Other: (explain)		

FAILURE TO OBTAIN A PERMIT of STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the bast of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield county in determining whether to issue a permit. I (we) further accept liability which am (are) providing and that it will be relied upon by Bayfield county in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the

. •	Authorized Agent:	(If there are Multiple	Owner(s):
(If you are signing on behalf of the owner(s) a letter of authorization must accompany on the owner(s) a letter of authorization must accompany on the owner(s) a letter of authorization must accompany on the owner(s) and the owner(s) a letter of authorization must accompany on the owner(s) and the owner(s) and the owner(s) are the owner(s) and the owner(s) are the owner(s) and the owner(s) are	it: Lay Met Canada and the second and this applicate	(If there are Multiple Owners listed on the Deed All Miles in the State of the Stat	must sign or letter(s) of authorization must accompany this a
1	3		g

pers must sign or letter(s) of authorization must accompany this application)

Address to send permit

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Bast

522

Iron

River

1,001

1845

Date 00 1

Date

	mag P Pro or the See See See See See See See See See S	R-H-LKRD Z
Signature of Inspection: County Use Only	Please complete (1) – (7) above (prior to continuing) (8) Setbacks: (measured to the closest point) Description Measurement Setback from the Centerline of Platted Road Setback from the Established Right-of-Way Description Measurement Setback from the River. Stream, Creek Feet Setback from the Bank or Bluff Setback from the Bank or Bluff Setback from the North Lot Line Setback from the North Lot Line Setback from the North Lot Line Setback from the West Lot Line Setback from the West Lot Line Setback from the South Lot Line Feet Setback from the South Lot Line Feet Setback from the South Lot	The box
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Of New One & Two Family The local Town, Village Se Onily) Sanitary Reason 1 Reason 1 Permit I Si (Fused/Contiguous Lotis) Si (Fused/Contiguou	plete (1) – (7) above (prior to continuing) Setbacks: (measured to the closest point) Description Measured Replanted Road he Centerline of Platted Road he Established Right-of-Way he North Lot Line he South Lot Line he West Lot Line he West Lot Line he Field y (Portable, Composting) Stake or Mark Proposed Location(s) of New Stake or Mark Proposed Location(s) of New Sunveyor at the numer's expense. NOTICE: All Land Use Permits Expire 1	Draw or Sketch your Property (regardless ow Location of: ow / Indicate: ow Location of (*): All Existing Structu (*) Well (W); (*) Se ow any (*): (*) Wetlands; or (*) Wetlands; or (*) Wetlands; or (*)
son for control of the control of th	te (1) – (7) above (prior to continuing) Setbacks: (measured to the closest point) Description Measurement Description Measurement Setback from the Lake (ordinary high-wate) Established Right-of-Way Feet South Lot Line Feet South Lot Line Feet South Lot Line Feet South Lot Line Feet Feet Fortable, Composting) Tank or Holding Tank Feet Fortable, Composting) Tank or maked by a itensed surveyor at the owner's expense. Tocastruction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the serback must be measured must be the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the maintain the namer's sepaces. Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DE), Holding Tank NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not not the previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the maintain the namer's sepaces.	
Dwelling: Al City, State of Number: Jor Denial: or Denial: atte: 9, 000 Number: Number	required setback, e. Athirty (30) feet from the Department by the Department by the Construction of the C	of what you are applying for) ttion lan Prontage Road (Name Front Stream/Creek; or (*) Drain Field Slopes over 20%
All Municipe or Federal La-3 La-3 La-3 Mitigs o Mitigs o Mitigs ves (NOTM) (If No they)	t Seet Seet Seet Seet Seet Seet Seet Se	are apply are apply Road (Nan Property T); (*) Dra creek; or (r 20%
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Sanitary Date: Sanitary Date: Affidavit Required Affidavit Attached Affidavit Attached Coning District Lakes Classification Date of Re-Insperience Control C	oved by th	Privy
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Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYEIELD COUNTY, WISGONSHN
Dath Samp (Received) 08 2016

	Refund:	
8:36:16	Amount Paid:	
9.9.16	Date:	9 8
16-030	Permit #:	
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INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN IS

Bayfield Co. Zoning Dept Icant.

Nion Charling	Shoreland —	Section 2	N W 1/4, NW 1/4	PROJECT LOCATION	Authorized Agent: (Per	Contractor:	Address of Property:	Owner's Name:	TYPE OF PERIMIT RE	O NOT START CONSTROL
	Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes—continue → Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue → If yes—continue	Section $\underline{\mathcal{Z}\mathcal{I}}$, Township $\underline{\mathcal{U}\mathcal{I}}$ N, Range $\underline{\mathcal{S}}$	1/4 Gov't Lot Lot(s)	Legal Description: (Use Tax Statement)	Authorized Agent: (Person Signing Application on behalf of Owner(s))	~~	Address of Property: West Diwo	Ž	TYPE OF PERMIT REQUESTED- LAND USE SAN	O NOT SIGNI CONSTROLLOR OF IL PART TENERS SINCE EXPENSION OF THE PROPERTY OF T
	ir, Stream (incl. Intermittent) If yescontinue	W Twon	CSM Vol & Page	PIN: (23 digits) 04-	Agent Phone:	Contractor Phone:	TYPON RIVER (W)	Mailing Address: 6553 Promov	□ SANITARY □ PRIVY □	
	Distance Structure is from Shoreline: Fee	n Piver	Lot(s) No. Block(s) No.		(includ	ķ <u>_</u>	er, W. 54845	Mailing Address: City/State/Zip: POIVIC	☐ CONDITIONAL USE ☐ SPE	
	# #	Lot Size	Subdivision:	Recorded Doc	/State/Zip):	Plumbing	Ch	34Vie		
	Is Property in Floodplain Zone? Yes	St. D. 48		Recorded Document: (i.e. Property Ownership) Volume Page(s)	Written Author Attached	Plumber Phone:	CO CO LO	Telephone	☐ B.O.A. ☐ OTHER	
	Are Wetlands Present? "Yes "No	à °		rty Ownership)	Written Authorization Attached Pes No	Plumber Phone: 28-341-0516	(288 C) (9) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9		THER	

Proposed Construction:	Existing Structur					SO COO,OO Conversion	ጉ	· **	Value at Time of Completion * include donated time & material
uction:	Existing Structure: (if permit being applied for is relevant to it)	A Company of the Comp	Property	☐ Run a Business on	Relocate (existing bldg)	☐ Conversion	☐ Addition/Alteration	New Construction	Project
	r is relevant to it)		☐ Foundation	□ No Basement	Basement	□ 2-Story	1-Story + Loft	☐ 1-Story	# of Stories and/or basement
Length: '30	Length:						∇ear Round	Seasonal Seasonal	Use
<u>σ</u>				□ None		_ 3	□ 2	*2	# of bedrooms
Width: 2000	Width:	None	☐ Compost Toilet	☐ Portable (w/service contract)	Privy (Pit) or Vaulted (min 200 gallon)	☐ Sanitary (Exists) Specify Type:	☐ (New) Sanitary Specif	☐ Municipal/City	What Type of Sewer/Sanitary System is on the property?
Height: 20	Height:			ntract)	ilted (min 200 gallon)	ify Type:	fy Type: St		ie of y System iperty?
-							₩ Well	□ City	Water

	×	Other: (explain)		
and the state of t	×	Conditional Use: (explain)		
	(x	Special Use: (explain)		
	and the second s			
	×	Accessory Building Addition/Alteration (specify)		
0h8	(28 × 30)	Accessory Building (specify) Castage wollott.	Ipal Use	Wunicipal Use
)	(x)	Addition/Alteration (specify)		
	(x	Mobile Home (manufactured date)		
	(×	Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)		
	×	with Attached Garage	Commercial Use	Comm
	×)	with (2 nd) Deck		
	(x)	with a Deck		,,
	(x)	with (2 nd) Porch		
	(x)	with a Porch	Residential Use	Reside
	×	with Loft		
	(x)	Residence (i.e. cabin, hunting shack, etc.)		
	(x)	Principal Structure (first structure on property)		
Square Footage	Dimensions	Proposed Structure	Proposed Use 📗 🗸	Propos

above	may i	e) me	l (we)	
above described property attany reasonable time for the purpose of inspection.	may be a result of Bayfier founty relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county	am (are) responsible for the Atail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit.	(we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and comple	
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Owner(s): (L') Authorized Agent: $\mathcal{F}_{\mathsf{ple}}$ Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit

Date

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

RANAGA ,

8 Setbacks: (measured to the closest point)

		Feet		Setback to Privy (Portable, Composting)
		Feet	20	Setback to Drain Field
(C) Feet	Setback to Well	Feet	00	Setback to Septic Tank or Holding Tank
		Section 1		
Feet	Elevation of Floodplain	Feet	02	Setback from the East Lot Line
Yes No	20% Slope Area on property	Feet	S) 00	Setback from the West Lot Line
Feet	Setback from Wetland	Feet	(00	Setback from the South Lot Line
		Feet	80	Setback from the North Lot Line
Feet	Setback from the Bank or Bluff			
Feet	Setback from the River, Stream, Creek	Feet	o t o	Setback from the Established Right-of-Way
SQ Feet	Setback from the Lake (ordinary high-water mark)	Feet		Setback from the Centerline of Platted Road
A 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6				
Measurement	Description	mt	Measurement	Description

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previous other previously surveyed corner or marked by a licensed surveyor at the owner's expense. usly surveyed corner to the

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be

Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number: # of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:	
Permit #:/6-0303	Permit Date: 9-9-//6	B
Is Parcel a Sub-Standard Lot	□ No Mitigation Required Syes □ No □ No Mitigation Attached Syes □ No □ No	Affidavit Required Yes INO Affidavit Attached Yes INO
Granted by Variance (B.O.A.) Li Yes No Case #:	Previously Granted by Variance (B.O.A.) Yes No Case #	***
Was Parcel Legally Created ☐Yes ☐ No Was Proposed Building Site Delineated ☐Yes ☐ No	Were Property Lines Represented by Owner Was Property Surveyed	Ares ONO
Inspection Record: 5417 4444 45 100 54 45	horse is tailed. From the set of clark t	Zoning District (L -) Lakes Classification (
Date of Inspection:	Inspected by: " ABBUT MANY YMANY ALL	Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? Tes ONO-(If No they need to be attached.) Fuil due Should NOT R Wed To Number 1	ned? I Yes I No-(If No they need to be attached.) No N	Tate of
Saction purposes. a	suppries purposes. Officered performations to	in be graph
Signature of Inspector:	145 from the Stort of	Construction Date of Appropriation
Hold For Sanitary: Hold For BA:	Hold For Affidavit: Hold For Fees:	

